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DATE: October 28, 2005

PTO IDENTIFIER: Application Number 10/628,999-Conf. #7333
Patent Number

Inventor: Rudolf E. Falk et al.

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Attorney Dkt. #: 63414CON2(49917)

PAGES (Including Cover Sheet): _____

CONTENTS: Transmittal (1 page)
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 Revocation of Power of Attorney with New Power of Attorney
 and Change of Correspondence Address (1 page)
 Statement under 37 CFR 3.73(b) (1 page)

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PTO/SB/97 (09-04)

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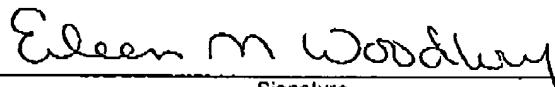
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Application No. (if known): 10/628,999

Attorney Docket No.: 63414CON2(49917)

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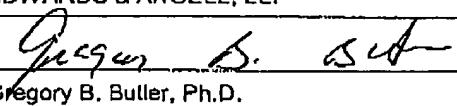
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/628,999-Conf. #7333
		Filing Date July 28, 2003
		First Named Inventor Rudolf E. Falk
		Art Unit 1623
		Examiner Name L. C. Maier
Total Number of Pages in This Submission 1		Attorney Docket Number 63414CON2(49917)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b)
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Printed name	Gregory B. Buller, Ph.D.		
Date	October 28, 2005	Reg. No.	34,558

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PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/628,999-Conf. #7333
	Filing Date	July 28, 2003
	First Named Inventor	Rudolf Edgar Falk
	Art Unit	1636
	Examiner Name	J. A. Dunston
	Attorney Docket Number	63414CON2(49917)

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

OR

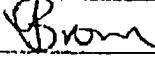
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I am the:

 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Tracey Brown, Research Director		
Date	3 October 2005	Telephone	613 9296 2026

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of _____ forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Rudolf E. Falk et al.Application No./Patent No.: 10/628,999 Filed/Issue Date: July 28, 2003Entitled: TREATMENT OF CONDITIONS AND DISEASEMeditech Research Limited, a _____
(Name of Assignee)
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
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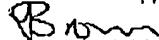
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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

3 Oct 28 2005

Date

Tracey Brown

613 9296 2026

Printed or Typed Name

Telephone Number

Research Director

Title